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** CONTINUING DATA *****

none AE

** FOREIGN APPLICATIONS *****

none AE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	TN	14	26	5
Examiner's Signature: <i>Angel R. Estu</i> Initials				

ADDRESS

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TITLE

Flush poke-through fitting

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 1050		<input type="checkbox"/> 1.16 Fees (Filing)
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